104 DI	EC 2	29 PM12:12						0010₩		
						Vol <u>M04</u> Pa	ge	09107		
						State	of Ore	egon, County of	Klamath	
	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (optional)					Recorded 12/29/04 12:12 P m				
						Vol M04 Pg g 9/07 - 11 Linda Smith, County Clerk				
						Fee \$ 41.00 # of Pgs 5				
	B. SEND ACKNOWLEDGMENT TO: (Name and Address)									
		Northwas	t Form Cre	dit Services, PCA						
,0				e, Suite 200				_		
ŕ	1	PO Box 1	48							
		Klamath !	Falls, OR 9	97601						
		1								
	Ļ	DEBTOR'S EVACT I	EULLIEGAL NA	ME - insert only one debtor name (1a o	or th) - do not abbreviate or a	THE ABOVE SPACE IS	FOR FILI	NG OFFICE USE ONLY		
	1.	1a.ORGANIZATION'S N	AME		II 10) - DO HOL MONEY EARTH OF C	CONTRACTOR (INCIDENCE)		7.7		
	OR	DeJong Family	/ Dairy, Inc.		FIRST NAME		MIDDLE	NAME	SUFFIX	
						7	OTA TO	Incertal conf	COUNTRY	
	1c.	MAILING ADDRESS 6735 Bunn Ro	ad		Bonanza		OR	POSTAL CODE 97623	USA	
	łđ.	The state of the s		11. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if arry OR202016-95				
			DEBTOR						NONE	
	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert onl     2a ORGANIZATION'S NAME				g debtor name (2a or 2b) - d	o not abbreviate or combine name	13			
	00	Langell Valley Dairy			FIRST NAME		MIDDLE	NAME	SUFFIX	
	O.C.	20.1NUIVIDUAL 3 DASI	NAME		THIST IVANCE		MIDDEL			
	2c. MAILING ADDRESS 6735 Bunn Rd		<	Bonanza		STATE	POSTAL CODE 97623	USA		
	2d.	TAX ID #: \$SN OR EIN	ADD'L INFO RE	28. TYPE OF ORGANIZATION	2f. JURISDICTION O	F ORGANIZATION	2g. ORGANIZATIONAL ID #. # any OR319979-84			
			DEBTOR	Partnership	OR		1	19979-84	NONE	
	3.	SECURED PARTY'S	NAME (or NAME	ME OF TOTAL ASSIGNEE OF A	SSIGNOR S/P) - Inser	t only <u>one</u> secured party name (3a	or 3b)			
		Northwest Far	m Credit So	ervices, PCA						
	OR	36. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
	3c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
	_	PO Box 148	10 OTATO	4517 anns a tha falla	Klamath Fall		OR	97601	USA	
				MENT covers the follor acquired collatera			vithou	limitation the t	vnes or	
				herein and inventory						
		collateral, and including:								
	۸	Il irrigation agui	oment whi	ch are or will become	fivtures now	owned and locate	d on r	roperty owned	hy debtor	
		escribed on atta			Tixtures, now	owned and locate	G On F	roperty owned	by debior,	
	_*			,		7				
	_	LIIC EII INIC IS	A EIVTLIBE	FILING TO BE FILE	IN EOR BECO	DD IN THE DEVI	FCT	ATE RECORD	S	
	I	TIO FILING IS	M FIA I UKE	FILING TO BE FILE	D FOR RECO	N THE VEN	L E 3 1	ATE RECORD	<b>.</b>	

A	Ag products are produced/located in Klamath county(ies).									
5	ALTERNATIVE DESIGNATION (If applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	DAMEDO DI INDIA.	ER/BUYER AG.	LIEN NON-UCC FILING				
6	This FINANCING STATEMENT is to be filed x ESTATE RECORDS Attach Added			EST SEARCH REPORT(S) on Debtori EE) (optional)	(a) All Debiors	Debtor 1 Debtor 2				
8	OPTIONAL FILER REFERENCE DATA									

UC FOL	C FINANCING STATEMEN	T ADDENDUM CAREFULLY						
9.	NAME OF FIRST DEBTOR (1A OR 1B) ON R	ELATED FINANCING STATEMENT		1				
	9a ORGANIZATION'S NAME		1					
	DeJong Family Dairy, Inc.		ļ					
OR	96 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
10.	MISCELLANEOUS;					4		
				THE ABOVE SPACE	10 500	FILING OFFICE USE ON		
11	ADDITIONAL DEBTOR'S EXACT FULL	LEGAL NAME - Insert only one nam	ne (11a or 11b) - do not abbrevi		STOR	FIGURE OF FIGE OSE ON		
	11a ORGANIZATION'S NAME					U		
OR	1 Ib. INDIVIDUAL'S LAST NAME	F	RST NAME		MIDDLE N	AME	SUFFIX	
	DeJong	ĮV	Villiam		. 1	h .		
110	MAILING ADDRESS	c	ITY		STATE	POSTAL CODE	COUNTRY	
	6735 Bunn Rd	the state of the s	Bonanza	70. /	OR	97623	USA	
11d.	TAX ID #: SSN OR EIN ADD'L INFO RE 1 ORGANIZATION DEBTOR	IE. TYPE OF ORGANIZATION [1	II. JURISDICTION OF ORGAN	IZATION	11g. QRG/	NIZATIONAL ID #, if any	NONE	
12.	ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S NAM	E - Insert only one name (12a	or 12b)	<b></b>	- 4		
	12a. ORGANIZATION'S NAME	~						
OR	12b. INDIVIDUAL'S LAST NAME	F	IRST NAME		MIDDLE		SUFFIX	
12c	MAILING ADDRESS	C	ITY		STATE	POSTAL CODE	COUNTRY USA	
13.	This FINANCING STATEMENT covers tir	nber to be cut or as extracted 1	<ol> <li>Additional collateral des</li> </ol>	scription:	-	• 1		
14.	collateral, or is filed as a x fixture filing Description of real estate:			$r_{-}$		) ]		
	See attached Schedule A				v			
			<b>→</b> \	. )}	٦	<b>.</b>		
						-		
			- )					
15.	Name and address of a RECORD OWNER of the Debtor does not have a record interest):	of above-described real estate						
	Company of the control of the contro							
17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or					Decedent's Estate			
		<b> </b>	8. Check <u>only</u> if applicable and	·			<u> </u>	
			Debtor is a TRANSMITTING	Debtor is a TRANSMITTING UTILITY				
			Filed in connection with a N	fanufactured-Home Trans	action - effe	ctive 30 years		
_			Filed in connection with a P	ublic-Finance Transaction	- effective	30 years		

	C FINANCING STATEMEN					
9	NAME OF FIRST DEBTOR (1A OR 1B) ON R	ELATED FINANCING STATEMEN	T	1		
	9a. ORGANIZATION'S NAME		<u> </u>	1		1
ı	DeJong Family Dairy, Inc.					
	96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	1		
OH	SO, INDIVIDUAL 3 DAST NAME	Ting) Walke	,			1
40	MISCELLANEOUS:	<u> </u>		1		
10,	MIGGELLANEOUS.					
e*				. 6		<b>L</b>
				THE ABOVE SPACE IS FOR	FILING OFFICE USE ON	Υ
	ADDITIONAL DEBTOR'S EXACT FULI	. LEGAL NAME - Insert only one na	me (11a or 11b) - do not abbrev	iate or combine names		
	11a. ORGANIZATION'S NAME			~ /		
OR	11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	MIDDLE	NAME	SUFFIX
	DeJong	-	Sandra	F. "	P	
110	MAILING ADDRESS	•	CITY	STATE	POSTAL CODE	COUNTRY
	6735 Bunn Rd		Bonanza	OR	97623	USA
ild	TAX ID #: SSN OR EIN ADD'L INFO RE 1 ORGANIZATION	18. TYPE OF ORGANIZATION	111, JURISDICTION OF ORGAN	IZATION [ 11g. ORG	SANIZATIONAL ID #, if any	
	DEBTOR		<i>-</i> 477€. 1			NONE
12.	ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S NAI	ME - Insert only one name (12s	or 12b)		
	12a. ORGANIZATION'S NAME			-		
			7 7			
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
- T-	MAILING ADDRESS		CITY	STATE	TPOSTAL CODE	COUNTRY
"	MAILING ADDRESS					USA
13.	This FINANCING STATEMENT covers	mber to be cut or as extracted	16. Additional collateral de:	scription:		
	collateral, or is filed as a fixture filing Description of real estate:		· .		) 1	1
	. "	V 7	_ (			
		· /	_ /	J'	•	
		- (	1			
15.	Name and address of a RECORD OWNER (if Debtor does not have a record interest):	ot above-described real estate				
			17. Check only if applicable and Debtor is a Trust or	d check <u>only</u> one box.  Trustee acting with respect to prop	erty held in trust or	Decedent's Estate
			18. Check only if applicable an	d check <u>only</u> оле box.		
			Debtor is a TRANSMITTIN	G UTILITY		
			Filed in connection with a f	Manufactured-Home Transaction - ef	fective 30 years	
_		· · · · · · · · · · · · · · · · · · ·	Filed in connection with a F	Public-Finance Transaction - effectiv	e 30 years	

	C FINANCING STATEMEN							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT								
	92 ORGANIZATION'S NAME				1			
DeJong Family Dairy, Inc.								
OR	96 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	IAME, SUFFIX	1 .			
1					·			
10.	MISCELLANEOUS			į				
11,	ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - Insert only one	name (11a or 11b)	- do not abbrevia	THE ABOVE SPAC	E IS FOR	FILING OFFICE USE C	ONLY
			· · · <del></del>			h.		
	DeJong Living Trust				A Property Laboratory			
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	-		MIDDLE N	AME	SUFFIX
11c	MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
	6735 Bunn Road		Bonanza			OR	97623	USA
114	TAX ID #: SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f, JURISDICTI	ION OF ORGANI	ZATION	11g. ORGA	NIZATIONAL ID #, if any	NONE
12.	ADDITIONAL SECURED PARTY'S	pr   ASSIGNOR S/P'S N	AME - Insert only	gge name (12a	or (2b)			
	12a. ORGANIZATION'S NAME			1				
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE		SUFFIX
12c:	MAILING ADDRESS		CITY			STATE	POSTAL CODE	USA
13.	This FINANCING STATEMENT covers	imber to be cut or as extracted	16. Additional	collateral des	cription:		<b>N</b> 1	
14.	collateral, or is filed as afixture filing Description of real estate.			()		1		
15.	Name and address of a RECORD OWNER (if Debtor does not have a record interest):	of above-described real estate						
					check <u>only</u> one box.  Trustee acting with resp	art to omner	ty heldi in trust or	Decedent's Estate
					check only one box.	out or brobbi	system in the City	Decondus 2 Estate
			L_	TRANSMITTING				
			<del></del>		lanufactured-Home Trans	saction - effe	ctive 30 years	
		Filed in cor	nnection with a Pi	ublic-Finance Transactio	n - effective :	30 years		

# LOCATION OF FIXTURES:

#### PARCEL 1

The N1/2 of the NW1/4 of the NE1/4, N1/2 of the S1/2 of the NW1/4 of the NE1/4, and the N1/2 of the S1/2 of the NW1/4 of the NE1/4 of Section 28, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, EXCEPTING THEREFROM that portion lying within road rights of way.

## PARCEL 2

The NE1/4 of the NE1/4 of Section 28, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, EXCEPTING that portion conveyed to the United States of America by Deed recorded on page 540 of Volume 69 of Deed Records of Klamath County, Oregon.

#### PARCEL 3

The SE1/4 of the NE1/4 of Section 28, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

#### PARCEL 4

The W1/2 of the SW1/4, those portions of the NW1/4 of the NW1/4, SW1/4 of the SE1/4, the E1/2 of the SW1/4 and the S1/2 of the NW1/4 lying Westerly of the Langell Valley Irrigation Distinct North Canal in Section 27, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

### PARCEL 5

Those portions of the NW1/4 of the NW1/4, the S1/2 of the NW1/4, lying Easterly of the East bank of the Langell Valley Irrigation District North Canal and those portions of the NE1/4 of the SW1/4, and the NW1/4 of the SE1/4 lying Easterly of the Langell Valley Irrigation District Canal in Section 27 of Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.